



City of Auburn

ADA Access Request Form

Complete this form to do any of the following regarding an accessibility concern with any of the City of Auburn's infrastructure, programs, services or activities:

- Submit an access request;
- Express disability related concerns; or
- File a formal Grievance.

To ensure your request is handled effectively and timely, please complete all fields.

Are you an individual with a disability, or the designated representative of such an individual?

☐ Yes ☐ No

Is your request to remove an access barrier found on City of Auburn infrastructure?

☐ Yes ☐ No

Purpose of filing ADA Access Request Form:

☐ Formal Grievance ☐ Informal Complaint ☐ Other: _____

Description of request or concern (what is it, why is it a concern?)

*Additional space provided on back

Date of Occurrence: _____

Location: _____

Contact Information:

Name: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

Preferred Contact Method: _____

Attachments: *See back*

For Internal Use:

Date Received: _____

Received by: _____

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